

April 24, 1985

M. Essex, D.V.M., Ph.D., Chairman Department of Cancer Biology Harvard School of Public Health 665 Huntington Avenue Boston, MA 02115

Dear Max:

Thank you for your letter concerning the nomenclature proposals to be made by the Retrovirus Study Group of the ICTV. This is an area of great interest and the naming of human retroviruses has obvious significance to individuals who work in the field. Having been associated with Joe Melnick's tenure as chairman of the ICTV and an active personal participant in both parvovirus and retrovirus nomenclature and classification, I have a general suggestion to ease problems with the full ICTV. It is very important that a committee appear to be international in make-up or to be designated as American and proceed down that path. In this context, consideration should be given to Montagnier and Weiss as full members. I also would add 1-2 Japanese in accordance with what will follow below.

l object to the committee being labelled for "Pathogenic" retroviruses. If Harold's intent is to attempt resolution of the definition of HTLV-I and HTLV-III viruses as his letter indicates, then the committee should be labelled for that purpose. Otherwise what does one do about HTLV-II and what about the human spumaviruses? Attempting to accomplish too much will engender problems in areas where there is far too little data.

With regard to HTLV-I, the committee in my opinion, should proceed. There is a concensus among workers. There is uncontested genealogy and clear historical precedent. My major point is that Roman numerals are inappropriate, thus it should be HTLV-1. I have accused Bob Gallo of chauvinism in using Roman numerals instead of the conventional Arabic. Further, I would recommend that the committee avoid saying anything at present about HTLV-2. The issues of what constitutes a type will not be defined in the immediate future. The current bias as I perceive it is that there is an HTLV-2, however, there is too little hard data in my opinion to warrant a separate type designation at present. I also fail to see any compelling reason to proceed to address the question of what constitutes a species. See also Harold's letter on this point and David Kingbury's suggestions.

As to the question of the HTLV-III/LAV aka ARV, there are some major problems. Without writing a book on the issues, my recommendation is to defer the question of what to name the virus. The best argument is to agree on a name that it would improve communication. If by chance the committee could unanimously agree on a name, then it would make a great contribution. The basis for that name however should be predicated on the consideration that there are likely to be new findings in the next 1-2 years. If the committee can not easily agree, then workers in the field will simply continue to use whatever designations they choose. For the record, I am convinced that with time, the issue of what to call HTLV-III/LAV will be resolved spontaneously and that the committee's work will then be much easier.

I happen to agree with many of Harold's sentiments about the classification of retroviruses. The inadequacies are, as he suggests, highlighted by the putative relationship of HTLV-III/LAV with lentiviruses. The current scheme of retrovirus classification has an interesting history and needs revision, but at the time we developed it it was an enormous improvement. The challenge to the Retrovirus Study Group will be to learn and apply standard rules of nomenclature and classification and to not repeat or perpetuate past mistakes or inadequacies. Good luck.

Incidentally, if the committee does elect to address issues of HTLV-2 speciation, reclassification of retroviruses or novel names for HTLV-III/LAV, I would greatly appreciate another opportunity to comment.

Sincerely,

Miles

Wade P. Parks, Ph.D., M.D. Professor of Pediatrics,

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CC: Harold Varmus Robert Gallo

WPP:pc